World Vision International - Lao PDR

COVID-19 Vaccine
Barrier Analysis Survey

KEY FINDINGS

April 2021

METHODOLOGY OF THE SURVEY

METHOD

Barrier Analysis (BA) is a rapid assessment (formative research) tool to identify behavioural determinants associated with a particular behaviour so that one can develop more effective barrier change messages and activities. This method is based on Health Belief Model (HBM) and Theory of Reasoned Action (TRA).

Those doing or accepting the behaviour *(Acceptors/Doers)* are compared with those who are not *(Non-Acceptors/Non-Doers)* so the most important behavioural determinants can be identified.

TIMELINE

20-26
March 2021

DISTRIBUTION

Online
(SurveyMonkey)

SAMPLING

113 staff
out of 160 (71%)

across
7 provinces

SIGNIFICANCE

All results presented are statistically significant at
p=0.05

Barrier Analysis (BA) was developed in 1990 by Tom Davis, MPH, Global Sector Lead for Health & Nutrition with World Vision International, and winner of the 2012 APHA Gordon-Wyon Award for Community-Oriented Public Health, Epidemiology, and Practice.

KEY FINDINGS

The behaviour surveyed is the acceptance of vaccination for coronavirus disease 2019 (COVID-19)

87%

of the respondents either **already had received a COVID-19 vaccine or were planning to do so**

24%

had received the vaccine *(mainly from 2 provinces in the South):* **analysed as Acceptors/Doers.**

Unvaccinated staff who stated likelihood of going for a COVID-19 vaccine when it was available to them:

43% **Somewhat likely**
40% **Very likely**

83% **accepting**

9% Don't know
7% Somewhat unlikely
1% Very unlikely

17% **hesitant**

A. PERCEIVED SOCIAL NORMS

ACCEPTORS (DOERS)

1.8 times more likely

Doers were 1.8 times more likely **to say that most of their close family and friends would want the respondent to get a COVID-19 vaccine.** (p<0.001)

1.3 times more likely

Doers were 1.3 times more likely **to say that most of their community leaders and religious leaders would want the respondent to get a COVID-19 vaccine.** (p=0.02)

NON-ACCEPTORS (NON-DOERS)

3.2 times more likely

Non-doers were 3.2 times more likely **to say that they "don't know / won't say" if they would get a COVID-19 vaccine if a doctor or nurse recommended** that they do so. (p=0.04)

2.9 times more likely

Non-doers were 2.9 times more likely **to say that they "don't know" what proportion of people they know who will go for a COVID-19 vaccine.** (p<0.001)

1.9 times more likely

Non-doers were 1.9 times more likely **to say that they "don't know / won't say" if most of their close family and friends would want the respondent to get a COVID-19 vaccine.** (p=0.002)

B. TRUST IN COVID-19 VACCINES AND RELATED INFORMATION

ACCEPTORS (DOERS)

1.3 times more likely

Doers were 1.3 times more likely go say that they **trust "a lot" the information that government representatives and politicians in their country provide on safety and effectiveness of COVID-19 vaccines.** (p=0.03)

NON-ACCEPTORS (NON-DOERS)

1.7 times more likely

Non-doers were 1.7 times more likely **to say that they "don't know" if they would trust a COVID-19 vaccine.** (p=0.045)

C. PERCEIVED SAFETY OF COVID-19 VACCINES

ACCEPTORS (DOERS)

1.3 times more likely

Doers were 1.3 times more likely **to say that if would be "very safe" for people to get a COVID-19 vaccine**. (p=0.01)

NON-ACCEPTORS (NON-DOERS)

1.6 times more likely

Non-doers were 1.6 times more likely **to say that they "don't know" if would be safe for people to get a COVID-19 vaccine**. (p=0.01)

D. PERCEIVED RISK/SUSCEPTIBILITY TO COVID-19

ACCEPTORS (DOERS)

1.2 times more likely

Doers were 1.2 times more likely **to say that it was "somewhat likely" that someone in their household would get COVID-19 over the next three months** (vs. not likely at all). (p=0.04)

NON-ACCEPTORS (NON-DOERS)

1.6 times more likely

Non-doers were 1.6 times more likely **to say that that they "don't know/ won't say" if it would be likely that someone in their household would get COVID-19 over the next three months.** (p=0.008)

OTHER BEHAVIOURAL DETERMINANTS

Additional Behavioural determinants were included in the study, however there were no statistically-significant differences observed in the responses of Doers and Non Doers for the below listed determinants.:

- Perceived self-efficacy
- Perceived positive consequences (Advantages)
- Perceived negative consequences (Disadvantages)
- Perceived action efficacy
- Perceived severity of COVID-19
- (Perceived) access to vaccines
- Perceived divine will
- Culture / rumours
- Gender
- Age group

RECOMMENDED OUTCOMES

1 **Influence and change society's perception of COVID-19**
Benefits of COVID-19 vaccine and share high level of acceptance

2 **Increase trust in COVID-19 vaccines**
Promote the vaccine as a way to lower the stress concerning infecting loved ones;
Safety of vaccines and side effects

3 **Increase trust in vaccine information**
Promote how and where to access the vaccine more widely

4 **Influence and change perceived risk susceptibility to COVID-19 infection**
Emphasize how COVID-19 is a potentially deadly disease
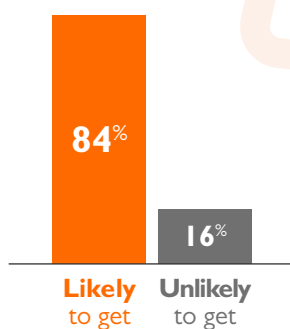
LINKS WITH OTHER SURVEYS

COVID-19 IMPACT HOUSEHOLD SURVEY

A household survey was conducted by World Vision in its projects' sites between March and April 2021. 717 rural households were surveyed across 6 provinces, including **3 questions focused on COVID-19 acceptance/planned uptake of the vaccine:**

RESULTS

If likely, **would you say you are very likely or somewhat likely to get the vaccine?**

Won't say	Don't know	Somewhat likely to get	Very likely to get
3%	3%	33%	61%

If COVID-19 vaccine were available to you in the coming month, how likely would you be to get the vaccine, to go for vaccination?
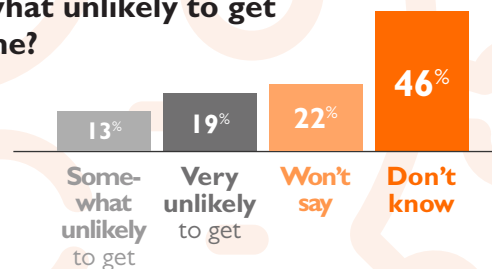**Would you say you are likely or unlikely to get the vaccine?**

Likely to get	Unlikely to get
84%	16%
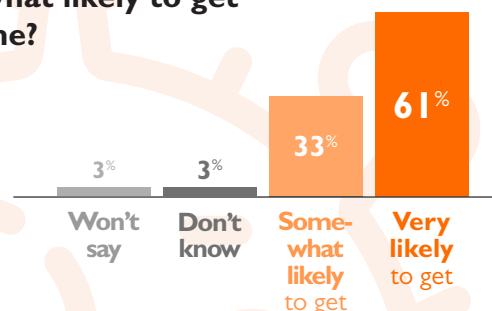
If unlikely, **would you say you are very unlikely or somewhat unlikely to get the vaccine?**

Somewhat unlikely to get	Very unlikely to get	Won't say	Don't know
13%	19%	22%	46%

A strong correlation can be observed between the two surveys, with similar level of acceptance (84% for households vs 83% for WV staff). **The recommendations presented can therefore be extrapolated and adapted to the community level.**